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Annual report to the Economic and Social Council

Report of the Executive Director of the United Nations Population Fund**

Summary

This report has been prepared in compliance with General Assembly resolution 56/201 on the triennial policy review of operational activities for development of the United Nations system. It conforms to a joint format agreed by the United Nations Development Programme, the United Nations Population Fund and the United Nations Children's Fund, covering issues identified in consultations among United Nations Development Group members. The report addresses the implementation of the reform programme of the Secretary-General and the provisions of the triennial comprehensive policy review as well as the follow-up to international conferences and the Millennium Development Goals.

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** The collection of data required to present the Executive Board with the most current information has delayed submission of the present document.

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I. Implementation of the reform programme of the Secretary-General and the provisions of the triennial comprehensive policy review

A. Funding for operational activities for development

1. In 2003, total income for the United Nations Population Fund (UNFPA) reached nearly $398 million, the Fund's second highest total ever. This included $292.3 million in regular resources and $105.6 million in other resources. The increase in income from regular resources in 2003 was $32.2 million or 12.4 per cent, up from $260.1 million in 2002.

2. In 1995, core resources peaked at $312 million and a declining trend followed, with core resources decreasing to $250 million in 1999. Yet the demand for reproductive health services from developing countries and the spread of sexually transmitted infections, including HIV/AIDS, have continued to increase dramatically. In order to meet this demand, it is essential to increase the level of core resources to at least $400 million a year.

3. In 2004, resources are expected to exceed $400 million for the first time in UNFPA history, including over $325 million in regular resources. The increase is due primarily to increased contributions from eight donors (Australia, Belgium, Denmark, Finland, Luxembourg, New Zealand, Sweden and the United Kingdom) and the favourable exchange rate of the euro and other currencies against the United States dollar. In 2003, 149 donor countries made pledges to UNFPA. In 2004, UNFPA expects to increase this number to 150. As of 1 December 2004, 140 donors had made pledges to UNFPA.

4. Income in 2003 from other resources was provided through trust funds ($62.1 million), cost-sharing programme arrangements ($27.8 million) and other arrangements ($15.7 million). In 2003, income from other resources decreased by $3.9 million (3.6 per cent), compared to 2002.

5. As of 1 December 2004, UNFPA had received 32 multi-year pledges, up from 20 last year. The increase in contributions to core resources will enable UNFPA to allocate its resources to priority countries in areas such as population and reproductive health, gender equality and women's empowerment, and in programmes to reduce child mortality, improve maternal health and combat HIV/AIDS. Increased resources will enable UNFPA to implement its programmes fully and help countries to attain the goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals. In view of the linkages between population, reproductive health, poverty and the Millennium Development Goals, the work of UNFPA is key to attaining the Millennium Development Goals. The increase in multi-year pledges will also enable UNFPA to manage its cash flow more effectively and efficiently.

6. Twenty-six countries have generously contributed nearly $319 million to UNFPA regular resources for 2004. They include Australia, Austria, Belgium, Canada, China, the Czech Republic, Denmark, Finland, France, Germany, India, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Pakistan, the Republic of Korea, the Russian Federation, Saudi Arabia, Sweden, Switzerland, Turkey and the United Kingdom.

B. Common country assessment and the United Nations Development Assistance Framework

7. UNFPA has continued to contribute to the effective implementation of the common country programming process through its work at country, regional and global levels. In 2004, this included working with other members of the United Nations Development Group (UNDG) to fine-tune policy guidance on the common country assessment and the United Nations Development Assistance Framework (UNDAF) as well as supporting country offices in these processes. UNFPA internal guidance has complemented UNDG guidance, and UNFPA has taken steps to reinforce collective agreements through its own mechanisms. For example, the UNFPA programme manual has been updated to reflect UNDG agreements.

8. Geographical divisions, other units at headquarters and the regional country technical services teams have provided support to enhance the contribution of UNFPA to the common country programming process at the preparatory, analytical and strategic planning stages. UNFPA has provided additional substantive support — for example, on the human rights-based approach and on the linkages with national development frameworks, such as poverty reduction strategy papers and sector-wide approaches — to better enable UNFPA staff to achieve the results envisaged in the United Nations reform programme and the UNFPA strategic direction. UNFPA is an active member of inter-agency mechanisms at all levels that support the common country programming process.

9. In 2004, UNDG agencies in 19 programme countries presented draft country programme documents using a harmonized programme cycle. Independent and UNDG assessments recognize the progress that has been made in generating a more coherent response to national priorities. UNDG has identified and disseminated good examples of common country assessments and UNDAF outcomes. UNFPA is more rigorous in focusing on results and results-based planning, monitoring and evaluation. The Fund has also established its own quality assurance system for each of the stages in the common country programming process.

10. UNFPA is aware that efforts must continue in order to ensure high-quality analysis of the linkages between reproductive health and poverty, improved capacities among UNFPA staff for effective policy dialogue and more strategic thinking. UNFPA has worked to ensure that lessons learned from past experiences, including identification of areas that need improvement, are shared and converted into improved guidance and support, both in UNDG and in UNFPA internal processes. UNFPA continues to be an active partner in UNDG. The Fund provides support to United Nations country teams through training workshops and supports a strengthened resident coordinator system.

C. Simplification and harmonization of rules and procedures

11. UNFPA contributes actively to UNDG efforts to respond to General Assembly resolution 56/201 and the second wave of reform of the United Nations with regard to simplifying and harmonizing programme and operational procedures. UNFPA is committed to working with United Nations partner agencies and within the wider development context so that procedures ensure more effective delivery of assistance. UNFPA has participated in a number of UNDG working groups and task forces,

including the UNDG working group on the Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) harmonization and alignment. This group is preparing for the high-level meeting on harmonization and alignment, which will be held in Paris in March 2005 under the joint sponsorship of the United Nations, the World Bank and OECD/DAC.

12. UNFPA updated its financial rules and regulations, including those related to resource transfer modalities and joint programming, in line with ongoing work within UNDG. Through the UNDG working group on OECD/DAC harmonization and alignment, UNFPA has sought to strengthen United Nations policy on sector-wide approaches, including support to United Nations country teams. UNFPA is enhancing its support to country office and country technical services team (CST) staff on the poverty reduction strategy paper process. UNDG issued a revised guidance note on joint programming in early 2004, which UNFPA has incorporated into its programme manual. UNFPA continues to track progress on joint programming at the country level.

13. As a follow-up to the UNDG Executive Committee Greentree Report, UNFPA worked with partner agencies to increase the number of common premises and common services. This included collaborating with UNDP and UNICEF under the joint office initiative that is being piloted in Cape Verde and the Maldives.

D. Monitoring and evaluation

14. During 2004, UNFPA continued to operationalize its results-based management policy throughout its programming processes. To strengthen understanding among UNFPA headquarters, country office and CST staff of how to operationalize results-based management in programming processes, UNFPA organized a series of dialogues on results-based programme planning, monitoring and evaluation. The dialogues strengthened capacity in results-based management and provided an opportunity for staff to exchange experiences. The dialogues also provided UNFPA with the opportunity to exchange views on results-based management practices with UNDP and UNICEF, whose regional staff participated in a number of the dialogues.

15. The dialogues resulted in the development of short- to medium-term quality assurance action plans on results-based planning, monitoring and evaluation that outlined the support that the country technical services teams will provide to strengthen results-based management in their subregions. UNFPA also initiated work on a programme quality assurance action plan for UNFPA headquarters.

16. In 2003 and 2004, an increasing proportion of UNFPA country offices, with the support of the country technical services teams, established results-based planning, monitoring and evaluation systems to manage programme performance. UNFPA made efforts to develop these as part of national systems and to strengthen national capacity in programme coordination and in data collection, analysis, management and the use of data for programme monitoring and evaluation.

17. UNFPA continued to participate actively in United Nations simplification and harmonization work on monitoring and evaluation. The Fund contributed to the production of the United Nations harmonized annual work plan monitoring tool and provided guidance on the UNDAF annual review process and the UNDAF

evaluation, which are being incorporated into the common country assessment and UNDAF guidelines. UNFPA mainstreamed the tools into the new UNFPA monitoring and evaluation guidelines, which were published in August 2004. The guidelines were introduced to headquarters, CST and country office programme staff during the above-mentioned dialogues.

18. UNFPA also expanded its evaluation network, whose mandate is to strengthen the monitoring and evaluation culture within the Fund. As a result, knowledge sharing on monitoring and evaluation intensified, aided by an extensive monitoring and evaluation intranet web site.

E. Capacity-building

19. In 2004, UNFPA began to implement a plan of action for capacity development. UNFPA approved the plan as a result of a thematic evaluation of UNFPA support to capacity development conducted in 2002-2003. The Fund prepared a concept note to improve understanding of the strategies and processes involved in supporting capacity development throughout its programmes. It also incorporated four dimensions of capacity development as organizational and programme strategies in its 2004-2007 multi-year funding framework: (a) promoting advocacy and policy dialogue on population and reproductive health issues; (b) building and using a knowledge base; (c) promoting, strengthening and coordinating partnerships; and (d) developing systems to improve performance.

20. In accordance with the United Nations harmonization process, the new UNFPA programme guidelines released during the second half of 2004 include capacity assessments of implementing partners and mainstreaming capacity development in programming strategies. The Fund is currently clarifying the roles of UNFPA organizational units in building capacity in national and regional partner organizations.

F. Gender

21. UNFPA aims to improve the sexual and reproductive health of women at every stage of their lives. To achieve this, UNFPA brings gender issues to the forefront, promotes legal and policy reforms and gender-sensitive data collection, and supports projects that empower women socially, politically and economically. UNFPA programmes on gender focus on the following issues: (a) gender mainstreaming; (b) ending violence against women; (c) gender and HIV/AIDS prevention; (d) eliminating female genital mutilation/cutting and other practices harmful to women; (e) eliminating human trafficking; and (f) encouraging men to be better partners.

22. Gender concerns are a cross-cutting dimension of all UNFPA-supported programmes. UNFPA has emphasized women's issues in all its work, which includes promoting reproductive health and rights and sexual health within a human rights framework; supporting adolescent reproductive health programmes; promoting women's empowerment, gender equity and gender equality; and strengthening the gender perspective in policies and programmes.

23. Violence against women is associated with poor reproductive health, including the reduced demand for and access to reproductive health services. UNFPA works with Governments to establish national mechanisms to monitor and reduce gender violence, and monitors their commitments in this important area. UNFPA helps to empower women to speak out against violence and discrimination; promotes laws and policies to protect women and to punish persons who commit violence against women; and supports counselling for victims of gender-based violence and training for police, judges and health workers. Such actions raise awareness of gender-based violence as a violation of human rights and as a threat to public health.

24. UNFPA focuses on gender issues surrounding HIV/AIDS infections. UNFPA supports programmes involving men in HIV/AIDS prevention, in particular, men in the armed forces, and integrating services and sensitization activities in military training academies and the military system.

25. UNFPA addresses the practice of female genital mutilation/cutting because of its harmful impact on the reproductive and sexual health of women and because it violates women's fundamental human rights. UNFPA targets messages about the dangers of female genital mutilation/cutting to parents, teachers and community leaders through various communication channels. UNFPA also supports policy and legal reforms as well as research about the scope and the consequences of the practice.

26. As part of its commitment to women's human and reproductive rights, UNFPA is one of several United Nations agencies working to bring public attention to the trafficking in women and children. UNFPA support includes technical assistance and training to governmental and other agencies to develop policies and other anti-trafficking measures; counselling for victims of trafficking; and medical supplies and services, including reproductive health services.

27. Many UNFPA-supported projects emphasize the role of men in reproductive health. These projects target different groups of men — from soldiers to religious leaders — and often make use of unconventional settings to achieve various goals, from preventing and treating sexually transmitted diseases to making reproductive health services available to youth. For example, in Côte d'Ivoire, a UNFPA-supported project expanded military health centres to include the diagnosis and treatment of sexually transmitted diseases as well as family planning services. In the Dominican Republic, UNFPA helped to train barbers on how to prevent HIV/AIDS and other sexually transmitted diseases. In addition to conveying messages to almost half a million men, the barbers distributed condoms and referred clients with sexually transmitted diseases for treatment.

G. Humanitarian assistance

28. In 2004, UNFPA strengthened its ability to provide humanitarian assistance to communities in crisis and to mainstream its capacity and that of its partners for emergency response at global and country levels. At the field level, rapid response to emergencies includes support for assessment missions and data collection and the immediate shipment of supplies and equipment to enable pregnant women to deliver safely, to treat cases of sexual and gender-based violence, and to help prevent HIV transmission. UNFPA also supports treatment, rehabilitation and counselling for traumatized women and their families in refugee camps and affected areas through

projects that address the needs of women and girls in conflict and post-conflict situations.

29. When situations stabilize, UNFPA lays the groundwork for transition and reconstruction — by rehabilitating damaged service-delivery stations, training service providers and community workers, and restoring reproductive health services to promote safe motherhood, adolescent reproductive health and access to condoms. UNFPA programmes also help to reintegrate victims of war and violence, especially youth ex-combatants and destitute women, into their communities.

30. UNFPA addresses HIV/AIDS prevention as well as sexual and gender-based violence in conflict situations by deploying a six-pronged strategy that includes: (a) preventing HIV/AIDS in the military and the police and in demobilization and peacekeeping forces; (b) creating a safe blood supply; (c) preventing HIV/AIDS and sexually transmitted infections; (d) promoting a healthy lifestyle among vulnerable women affected by crisis; (e) preventing HIV/AIDS among adolescent refugees and internally displaced persons; and (f) strengthening the capacity of local non-governmental organizations (NGOs).

31. At the inter-agency level, UNFPA continues to strengthen its networking and coordination role in assuring reproductive health care in emergency settings. As an active member of the Inter-Agency Standing Committee (IASC), UNFPA played a lead role in the IASC task force on HIV/AIDS in emergency settings, which drafted inter-agency guidelines for HIV/AIDS interventions in crisis situations. As part of its work in the IASC task force on gender and humanitarian response, UNFPA developed comprehensive guidelines for managing sexual and gender-based violence in emergency situations.

32. As a founding member of the inter-agency working group for refugee reproductive health, UNFPA contributed to a two-year evaluation of reproductive health service coverage since 1994 for refugees worldwide. The evaluation provides a comprehensive picture of when and where services are provided; identifies gaps and constraints; and helps UNFPA and its partners to better target resources and interventions. UNFPA also took the lead in evaluating worldwide delivery of the minimum initial services package of reproductive health services to refugees and in analysing financial resource trends for emergency reproductive health programming.

H. Cooperation with the World Bank

33. In late 2002, the Executive Director of UNFPA and the President of the World Bank agreed on a joint action plan that identified areas for expanded collaboration in population, reproductive health, HIV/AIDS, and gender and culture. The action plan is now in its second year of implementation. UNFPA and the World Bank cooperate in a number of important areas, including sharing data and information, collaborating at the country level in poverty reduction strategy papers and sector-wide approaches, undertaking joint activities in HIV/AIDS prevention, and working together in gender mainstreaming. UNFPA continued to work in partnership with the World Bank Institute in providing training concerning poverty reduction strategy papers and sector-wide approaches to UNFPA staff.

I. Information technology and knowledge sharing

34. UNFPA formalized the implementation of its knowledge-sharing strategy by issuing guidelines on developing knowledge assets to support programme activities in 2004. These guidelines provide information and guidance on asset creation; define staff roles and responsibilities; and designate topics for knowledge asset development. To date, UNFPA has launched four knowledge assets: sector-wide approaches; obstetric fistula; quality of sexual and reproductive health care; and how to design a knowledge asset. In December 2004, the Fund will launch additional knowledge assets on female genital mutilation/cutting; culture mainstreaming; emergency obstetric care; and a human rights-based approach to programming.

35. "Lessons learned" are the fundamental building blocks for a variety of organizational requirements, including annual reports and knowledge assets, provided the lessons are documented, distilled, synthesized, archived and applied systematically. UNFPA has developed several templates and an instruction manual to better capture and synthesize lessons. UNFPA is field-testing these tools to measure their utility in diverse applications. Based on these experiences, the Fund will develop new guidelines on lessons learned for UNFPA and partner agencies.

36. UNFPA continues to manage the population and reproductive health portal in the Development Gateway (http://www.developmentgateway.org/pop). UNFPA was the first United Nations organization to create a topical web site within the Development Gateway. The objective of this web site is to create public awareness about population issues within and beyond the development community. UNFPA will use the population and reproductive health portal to distribute information about UNFPA knowledge-sharing activities, including the development and launch of knowledge assets. The population and reproductive health portal has over 5,300 members. More than 1,600 are from civil society and NGOs; over 340 are from government agencies; and 75 represent media outlets. About 63 per cent are from developing countries, primarily from sub-Saharan Africa and South Asia.

37. UNFPA has long recognized the need for a central electronic repository for its operational documents and publications worldwide. In 2004, UNFPA made substantial progress towards this goal by acquiring and customizing a commercial document management tool called DocuShare. DocuShare will be implemented in 2005.

II. Follow-up to international conferences and the Millennium Development Goals

38. Based on a questionnaire of 169 countries, UNFPA prepared a global survey of national experiences in implementing the Programme of Action of the International Conference on Population and Development (ICPD) and the Key Actions for the Further Implementation of the ICPD Programme of Action. The report, entitled *Investing in People: National Progress in Implementing the ICPD Programme of Action, 1994-2004*, documented the progress countries have achieved in implementing the commitments and recommendations of the ICPD Programme of Action as well as the difficulties and constraints they have faced. UNFPA released

the report in Geneva, during the 2004 annual session of the UNDP/UNFPA Executive Board.

39. To mark the tenth anniversary of ICPD, UNFPA and the United Nations regional commissions organized regional reviews, including a regional analysis of the results of the global survey. The reviews emphasized lessons learned and the exchange of experiences at the regional level, including through South-South cooperation.

40. The Economic Commission for Europe, UNFPA and the Government of Switzerland convened an expert meeting in Geneva, from 12 to 14 January 2004 on population challenges and policy responses. This meeting, the European Population Forum 2004, considered newly emerging population changes, examined the challenges they posed and identified policy responses.

41. The Economic Commission for Africa (ECA) conducted a regional survey among African countries on the implementation of the Dakar-Ngor Declaration and the ICPD Programme of Action and prepared a regional report. ECA convened a ministerial-level meeting on 11 June 2004 in Dakar, which was preceded by an expert meeting. Delegates endorsed the Africa regional report and adopted a declaration that reaffirmed the commitment of Africa to the ICPD goals and their importance in achieving the Millennium Development Goals and identified areas for increased attention.

42. The Economic Commission for Latin America and the Caribbean (ECLAC) held a meeting of the Caribbean Development and Cooperation Committee in Port of Spain on 11 and 12 November 2003, to review progress in implementing the ICPD Programme of Action in the Caribbean region. Twenty Caribbean countries and territories reaffirmed their commitment to ICPD and adopted a declaration.

43. ECLAC also held an open-ended meeting of the presiding officers of the sessional Ad Hoc Committee on Population and Development in Santiago on 10 and 11 March 2004. Participants adopted the Santiago Declaration, which reaffirmed the commitment of countries of the region to the ICPD goals and highlighted their importance in achieving the Millennium Development Goals. The Ad Hoc Committee on Population and Development, which met in San Juan, Puerto Rico, on 29 and 30 June 2004, endorsed the Santiago Declaration, as did the ECLAC sessional meeting, held on 2 July 2004.

44. The Economic and Social Commission for Western Asia, UNFPA and the League of Arab States organized the Arab Population Forum, which was held in Beirut from 19 to 21 November 2004. The meeting focused on population, poverty and development; youth issues; challenges such as high maternal mortality, reproductive health morbidity and barriers to enforcing reproductive rights and gender equality; and the impact of the post-demographic transition.

45. As part of the events commemorating the tenth anniversary of ICPD, UNFPA sponsored a series of round tables on the following topics: international migration and development; partnerships for implementing the ICPD Programme of Action; integrating ICPD issues into the 2005 high-level review of the implementation of the United Nations Millennium Declaration and the outcomes of the major conferences and summits; and reproductive health and HIV/AIDS.

46. UNFPA also held a high-level global consultation in New York on 7 June 2004 to link HIV/AIDS with sexual and reproductive health. Global leaders endorsed the resulting Commitment to Action, which was disseminated at the XV International AIDS Conference in Bangkok in July 2004. UNFPA and the Government of Sweden held a round table on 5 and 6 October 2004 in Stockholm on promoting reproductive health and rights and reducing poverty. The purpose of the round table was to position reproductive health and rights as a cornerstone of national poverty eradication strategies.

47. On 14 October 2004, the General Assembly convened a special day-long commemoration of the tenth anniversary of ICPD. Numerous speakers took the floor to reaffirm their support for ICPD and to mark the progress made, as well as the obstacles that remained, in achieving the goals and objectives of the ICPD Programme of Action. The previous day, more than 250 world leaders in government, development, business, science and civil society presented the United Nations with a statement reaffirming their support for the ICPD Programme of Action.

48. In collaboration with the Inter-European Parliamentary Forum on Population and Development and the Council of Europe, UNFPA organized an international parliamentary forum in Strasbourg, France, on 18 and 19 October 2004, at the Council of Europe. Regional parliamentary meetings were also held in Canberra, Kuala Lumpur and Bangkok. Other meetings took place in Ankara and Dakar.

49. Achieving the Millennium Development Goals, which incorporate many ICPD goals, remained central to the work of UNFPA. UNFPA collaborated with relevant task forces under the Millennium Project, including those on poverty and maternal mortality, in developing global strategies for achieving the Millennium Development Goals; costing reproductive and family planning interventions at the national level; providing statistical and data support for countries preparing reports on the Goals; and implementing strategies to achieve poverty reduction, improved maternal health, gender equality and women's empowerment.

III. Recommendation

50. The Executive Board may wish to take note of this report (E/2005/5-DP/FPA/2005/2) and to transmit it to the Economic and Social Council, together with the comments and guidance provided by delegations at the present session.